City of La Crosse, Wisconsin

ORIGINAL ALCOHOL LICENSE APPLICANTS INFORMATION SUBMITTAL

(Ch. 4, secs. 4-72 & 4-142)

All new applicants for an alcohol license pursuant to Chapter 4 of the La Crosse Municipal Code shall submit the following information with the original alcohol applications. Any false statement contained in such application shall automatically nullify any license issued pursuant thereto.

Class A: ☐ Beer, ☐ Liquor
Class B: ☑ Beer, ☑ Liquor
Class C: ☐ Wine

APPLICANT

Legal/Real Name of Business:	**Trade Name:**
The Vintage Kitchen LLC	The Vintage Kitchen

Address: Street	City	State	Zip Code
1810 State St.	La Crosse	WI	54601

Telephone Number:	**Website:**
608-386-0326	

ACTIVE USE OF LICENSE

☑ *I understand that if a license is granted, said license must be activated within 90 days of being granted pursuant to Municipal Code secs. 4-43 and 4-108. This means open for business with stock and equipment.*

Anticipated Date of Opening:

☑ *I understand that if a license is granted, said license shall be actively utilized pursuant to Municipal Code sec. 4-12. Actively utilized shall mean open for business with regular and consistent operating hours. If a license is not actively used throughout any 90-day period, the license shall be subject to revocation or suspension pursuant to sec. 4-82.*

☑ *I understand that if there is any change to the license or licensee information, including but not limited to change in officers/members/directors or agent or their address/phone number, change in hours of operation, etc., the City Clerk will be notified within 15 days.*

BUSINESS PLAN

Type of Establishment:

☐ Tavern ☐ Nightclub ☑ Restaurant ☐ Liquor Store ☐ Grocery Store
☐ Convenience Store with gas pumps ☐ Convenience Store without gas pumps
☐ Other _____

Hours of Operation:

Wednesday - Saturday 3pm - 9pm Sunday 8am - 2pm

Anticipated Number of Employees:

17 (keeping current employees of current operation)

Other Business to Be Conducted on Premise:

Catering operations

Estimated gross receipts for food and alcohol beverage sales by percentage.
(Note: Non-alcoholic drinks are classified as "Food.")

40 % Alcohol 60 % Food — % Other

If applicable, describe "Other":

Estimated capacity (Class B and Class C licenses only):

Indoor 37 Outdoor, if applicable 40

Will there be any outdoor sales/service or consumption of alcohol? If yes, explain.
If yes, a beer garden license or outdoor dining permit may be required.
Yes will continue outdoor dining services as that location has historically had outdoor dining. Beer garden permit is filed.

Will there be live entertainment (music or dancing) on premise? If yes, explain.
If yes, a cabaret license will be required.

Do you have off-street parking? ☐ Yes ☒ No

If yes, how many parking spaces? _____

If no, how will parking be accommodated. Street parking.

Provide a sketch of the floor plan showing overall dimensions, sales, service and consumption and storage areas, seating arrangements, location of coolers, and location where records are kept (invoices for purchase of alcohol).

Provide a site plan showing building location, any outside areas where alcohol beverages may be sold or consumed, off-street parking, ingress and egress, and existing or proposed screening.

In addition to supplying the above information which is true and correct to the best of my knowledge, I have reviewed the Alcohol Beverage Submittal Requirements and Information page and will comply with necessary requirements.

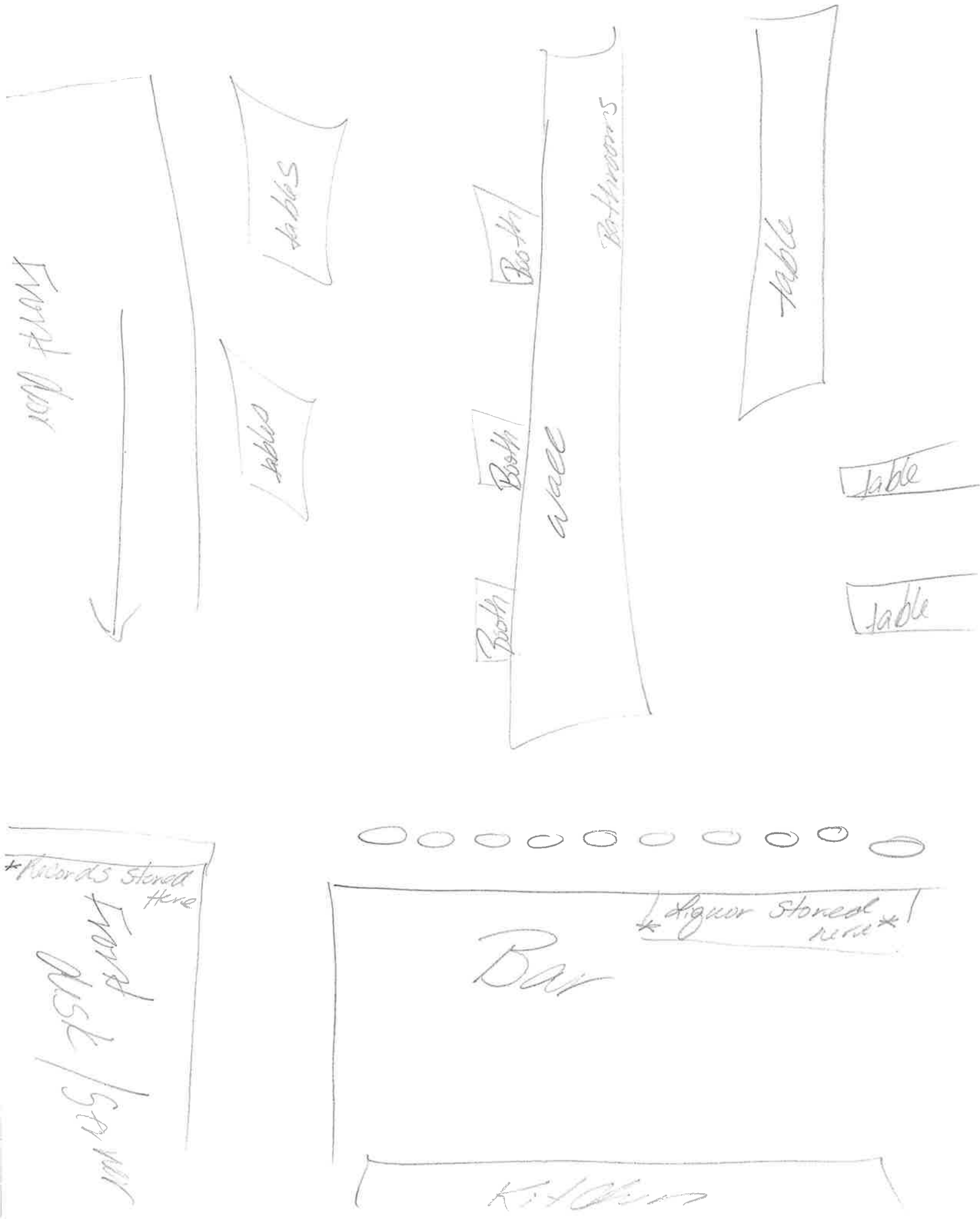
Megan Thingvold
Signature

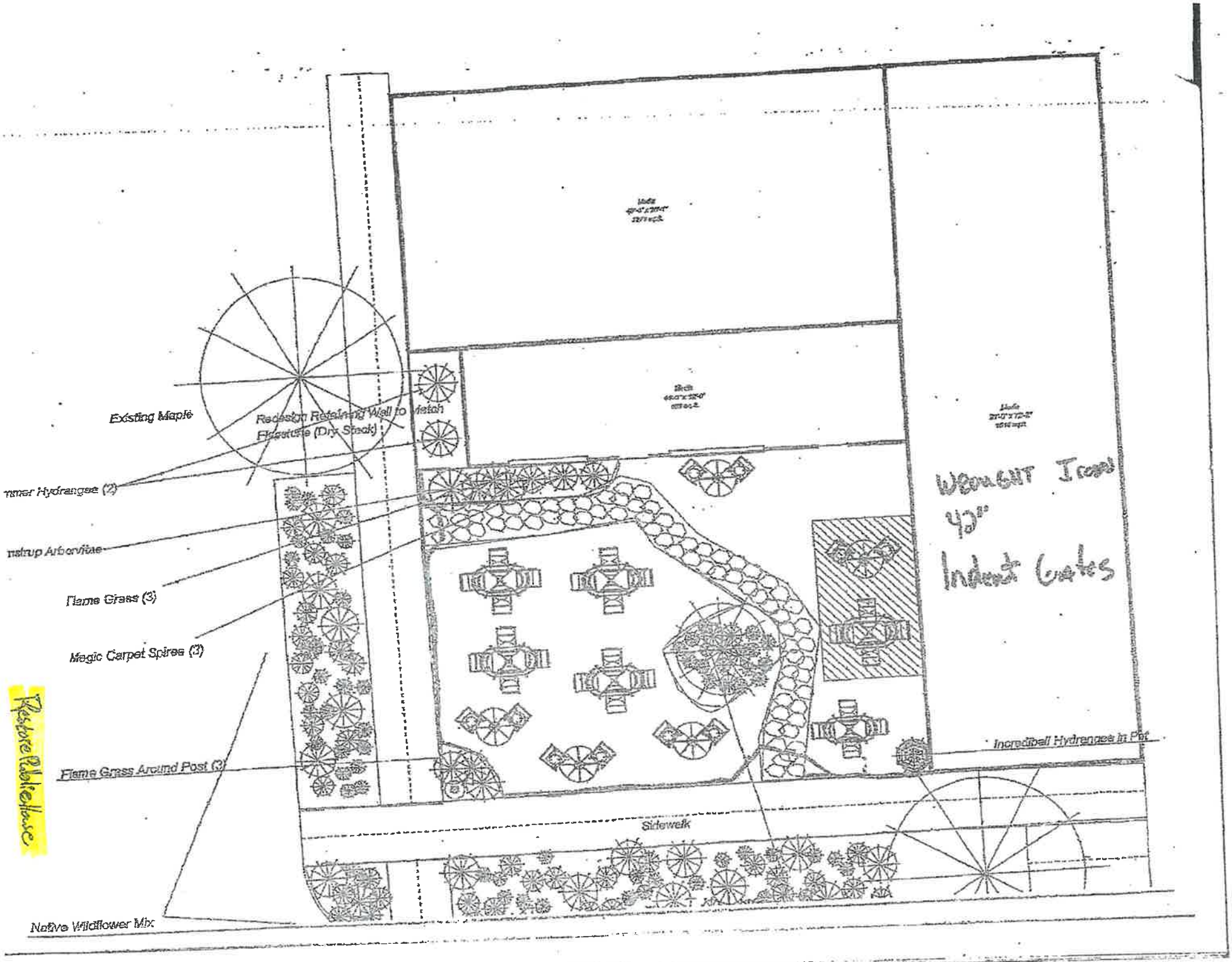
10/7/2025
Date

FOR OFFICE USE – City Clerk's Office checklist for complete applications

- ☐ Completed applications and fee
- ☐ Surrender of previous license, if applicable
- ☐ Lease, purchase agreement or other proof of control of premise
- ☐ Contact Information Sheet
- ☐ Articles of Incorporation
- ☐ WI Seller's Permit Certificate
- ☐ FEIN
- ☐ Floor Plan –
- ☐ Site Plan –
- ☐ Proof of course completion or valid operator license or on other license within last two years.
- ☐ Confirm proximity to school, church or hospital
- ☐ Confirm proximity to land zoned residential or multiple dwelling

See Also Beer garden map




Existing Maple
Redesign Retaining Wall to Match Existing (Dry Stack)
Limelight Hydrangea (2)
Wintergreen Boxwood
Flame Grass (3)
Magic Carpet Spirea (2)
Restore Pollinator
Flame Grass Around Post (2)
Incrediball Hydrangea in Pot
Sidewalk
Native Wildflower Mix
WROUGHT IRON
4'
Indent Gates

SURRENDER OF LICENSE
Part I

Legal/Real Name of Current Licensee: Driftless Outdoors LLC
Premises Address: 1810 State St.
Trade Name: Restore Public House

This is to advise that ~~the undersigned is surrendering~~ the following license(s)

Combination "Class B" Beer & Liquor
Class "B" Beer
Class "A" Beer and/or "Class A" Liquor (circle which apply)
Wholesale Beer
"Class C" Wine

to: _____
(Insert Legal/Real Name of Proposed Licensee and Trade Name)

and understand that said license(s) will be cancelled upon the Common Council's granting of a license to the applicant named herein.

X **New Applicant**

* _____
President, Member, Partner, Individual

_____
Secretary, Member, Partner

X **Current Licensee**

* _____
President, Member, Partner, Individual

_____
Secretary, Member, Partner

State of Wisconsin)
) ss.
County of La Crosse)

On the 10th day of October, 2025, personally came before me August J Weber, known to me to be the person(s) who executed the foregoing Surrender of License, and known to me to be the **Current Licensee** and acknowledged that s/he executed the foregoing document.

_____
Notary Public Paige K Colsch
La Crosse County, Wisconsin
My Commission expires: December 8, 2025

NOTARY PUBLIC PAIGE K. COLSCH STATE OF WISCONSIN

State of Wisconsin)
) ss.
County of La Crosse)

On the 10th day of October, 2025, personally came before me Megan B M Thingvold, known to me to be the person(s) who executed the foregoing Surrender of License, and known to me to be the **Proposed New Applicant** and acknowledged that s/he executed the foregoing document.

_____
Notary Public Paige K Colsch
LaCrosse County, Wisconsin
My Commission expires: December 8, 2025

NOTARY PUBLIC PAIGE K. COLSCH STATE OF WISCONSIN

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☑ Class "B" Beer . . . . . $ 66.72
- ☐ "Class A" Liquor . . . . . $ _____
- ☑ Class B" Liquor . . . . . $ 333.36
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 400.08
Background Check Fee	$ —
Publication Fee	$ 80.00
Total Fees	$ 520.08

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): The Vintage Kitchen LLC
2. Business Trade Name or DBA: The Vintage Kitchen
3. FEIN: 39-4751416
4. Wisconsin Seller's Permit Number:
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: WI
7. Date of Organization: 10-7-2025
8. Wisconsin DFI Registration Number: T116825
9. Premises Address: 1810 State St.
10. City: La Crosse
11. State: WI
12. Zip Code: 54601
13. County: La Crosse
14. Governing Municipality: ☑ City ☐ Town ☐ Village of: La Crosse
15. Aldermanic District:
16. Premises Phone: 608-386-0326
17. Premises Email: thevintagekitchenllc@gmail.com
18. Website:
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

See attached.

20. Mailing Address (if different from premises address):
21. City:
22. State:
23. Zip Code:

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☑ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Agent on Cappella Catering LLC ☑ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Thingvold	Megan	Owner	608-356-0326

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Thingvold	Megan	B

Title	Email	Phone
Owner	Megan.bonnlarson@gmail.com	608-356-0326

Signature	Date
Megan Thingvold	10/8/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

City of La Crosse, County of La Crosse, State of Wisconsin

400 La Crosse Street, La Crosse, WI 54601

LICENSE

WHEREAS, the City of La Crosse, County of La Crosse, Wisconsin, has upon application duly made, granted and authorized the issuance of the license(s) indicated below to **DRIFTLESS OUTDOORS LLC** d/b/a **RESTORE PUBLIC HOUSE** as defined by law, pursuant to Wisconsin State Statutes and/or local Ordinances; and

WHEREAS, the said applicant has paid the Treasurer the appropriate fee for the license(s) indicated as required by Wisconsin State Statutes and/or local Ordinances, and has complied with all the requirements necessary for obtaining such license(s);

The following license(s) for the period shown are hereby issued to said applicant for the premise located at:

1810 STATE ST

for the period and description below:

Combination "Class B" Beer & Liquor (ALC007635-04-2025) — *July 1, 2025 to June 30, 2026*

Agent: *AUGUST WEBER*
Sales and Service Description: *Dining and bar area, one-story brick building and beer garden.*
Storage Description: *Bar and back storage area off kitchen.*

Class B Beer Garden (BG007636-04-2025) — *July 1, 2025 to June 30, 2026*

Premise Description: *34' x 50' area to north surrounded by wrought iron 3-1/2' fence.*

Premise description is the highlighted areas above

Business Number: **002050-2019**
Company Number: **ID-000008164**
License Year: **2025**
Date Issued: **7/1/2025**

Nikki M. Elsen, WCMC, City Clerk

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date 10/8/25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor): The Vintage Kitchen LLC
2. Business Trade Name or DBA: The Vintage Kitchen
3. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Thingvold	Megan	B

4. Relationship to Business (Title)	5. Email	6. Phone
Owner	thevintagekitchenllc@gmail.com	608-386-0326

7. Home Address: 500 2nd ave n

8. City	9. State	10. Zip Code	11. Date of Birth
onalaska	WI	54650	[redacted]

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	WI

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

   If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY): 12/1958

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

	City	State	Zip Code
Previous Address 1: 1027 Green Bay St #204	La Crosse	WI	54601
Previous Address 2: 1421 Mississippi St	La Crosse	WI	54601
Previous Address 3			
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	La Crosse						

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . . ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date
Megan Thingvold	10/8/2025

Form
AB-101

Alcohol Beverage Appointment of Agent

Date 10/8/25

Agent Type *(check one)*

☐ Original (no fee) ☐ Successor ($10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
The Vintage Kitchen LLC

2. Business Trade Name or DBA
The Vintage Kitchen

3. Entity Type *(check one)*
☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization *(check one)*
☒ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Thingvold	Megan	B

4. Email	5. Phone
meganbmlarson@gmail.com	608-386-0326

6. Home Address
500 2nd Ave N

7. City	8. State	9. Zip Code	10. Date of Birth
Onalaska	WI	54650	[redacted]

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
[redacted]	WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☒ Yes ☐ No

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. ☒ Yes ☐ No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Thingvold	Megan	B

Title	Email	Phone
Owner	meganbthingvold@gmail.com	406-386-0326

Signature	Date
Megan Thingvold	10/8/2025

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Thingvold	Megan	B

Signature	Date
Megan Thingvold	10/8/2025

Office of City Clerk

October 21, 2025

ATTN: MEGAN THINGVOLD
THE VINTAGE KITCHEN LLC
1810 STATE ST
LA CROSSE WI 54601

Dear Megan,

Our office is in receipt of the application for the Original Combination "Class B" Beer & Liquor and Class B Beer Garden Licenses for The Vintage Kitchen LLC at 1810 State Street.

The application will be considered at the following meetings:

Judiciary & Administration Committee	**Tuesday, November 4, 2025, 6:00 p.m.** **Council Chambers, City Hall – 400 La Crosse St.**
Common Council	**Thursday, November 13, 2025, 6:00 p.m.** **Council Chambers, City Hall – 400 La Crosse St.**

It is recommended someone attend the J&A meetings where public hearing is allowed; there may be questions or comments from a committee or council member or another citizen. Public hearing is generally not allowed at the Council meeting although there may be questions of Council Members. The applications will appear as part of the Various Licenses agenda item, which is a grouping of all of the licenses submitted for approval for November (File # 25-1125).

Attendance is allowed either in person or virtually. I will also be sending you an email with the dates listed above and the Zoom link for the J&A meeting. If you have any questions, comments, or concerns; do not hesitate to contact me.

Sincerely,

Sondra Craig

Sondra Craig, Deputy Clerk
craigs@cityoflacrosse.org
608-789-7549

cc: Megan Thingvold – thevintagekitchenllc@gmail.com